SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery 3-30イム
Article Addressed to:	D. Is delivery address different from iten If YES, enter delivery address belo	w; □ No
Mr. Bobby Gene York, III Bobby Gene York, III Poultry Farm	TAPK (FIN Z)	012
1105 Old Sunbright Road Jamestown, TN 38556	3. Service Type Certified Mail	all eipt for Merchandise
WPC/GKH	4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number 91. 7108 (Transfer from service label)	E OEHS PEPE EELS	LL 5
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540